

KY DEPT OF HOUSING, BLDGS & CONSTRUCTION
ELEVATOR SECTION
101 SEA HERO RD SUITE 100
FRANKFORT, KY 40601-5405
PHONE 502-573-1799 FAX 502-573-1004

CERTIFICATE NUMBER: _____ DATE: ____ / ____ / ____ APPROVED BY: _____

***Please use the latest certificate of operation to fill out as much of the following as possible.**

OWNER: _____ COUNTY: _____
() _____ MAKE: _____
_____ DESC. KEY (Type of device): _____ CONTROL(hyd./traction?): _____
_____ CAPACITY: _____ lbs. RATED SPEED: _____ fpm

OPERATOR: _____

HORSEPOWER OF MOTOR: _____ CHECK NUMBER: _____ CHECK AMOUNT TOTAL: _____

FEE SCHEDULE FOR PERMIT AND INSPECTIONS

Note: This schedule applies to each inspection performed, until unit has met all code requirements and has been released for use with no violations on the alteration or modernization.

0—5 HORSEPOWER - \$75.00
6—10 HORSEPOWER - \$85.00
11 HORSEPOWER AND UP - \$85.00 (PLUS \$10.00 FOR EACH HORSEPOWER OVER 10 HORSEPOWER)

THIS ALTERATION PERMIT IS REQUESTED FOR: **PLEASE INITIAL APPROPRIATE RESPONSE**

_____ COMPLIANCE WITH VIOLATION(S) CITED BY STATE INSPECTOR, NO OTHER WORK TO BE PERFORMED.
(ATTACH A COPY OF INSPECTION REPORT * NO FEE REQUIRED)

_____ ALTERATION / UPGRADE REQUESTED BY OWNER (ASME A17.3 EXISTING CODE FOR ELEVATORS AND ESCALATORS ASME A17.1 "SAFETY CODE FOR ELEVATORS AND ESCALATORS" PARTS X, XII, & XIV MUST BE COMPLIED WITH AS REFERENCED WITHIN THE APPLICABLE CODES).

_____ APPLICATION IS HEREBY MADE TO THE DIVISION OF ELEVATOR INSPECTIONS FOR THE ALTERATION OF ONE UNIT AS INDICATED BELOW:
WE PROPOSE TO.... _____

_____ APPLICATION IS HEREBY MADE TO THE DIVISION OF ELEVATOR INSPECTIONS FOR A PERMIT TO USE ONE ELEVATOR FOR CONSTRUCTION USE ONLY (transport construction personnel, materials, & tools) FOR A PERIOD NOT TO EXCEED NINETY (90) DAYS. IT IS UNDERSTOOD THAT THE ELEVATOR IS NOT TO BE USED FOR ANY OTHER PURPOSE(S), AND THAT COMPLIANCE WITH ASME A17.1 "SAFETY CODE FOR ELEVATORS AND ESCALATORS" PARTS X & XIX MUST BE MET AT A MINIMUM. THE ELEVATOR CANNOT BE USED FOR CONSTRUCTION USE UNTIL THE REQUIRED INSPECTION(S) AND TEST(S) HAVE BEEN COMPLETED, AND THE ELEVATOR INSPECTOR RELEASES THE UNIT FOR THE USE.

SIGNED: _____ DATE: ____ / ____ / ____
Month Day Year

REPRESENTING: _____

ADDRESS: _____ PHONE: _____
